

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2001 8:00 am
Secretary of State

01-25-2001 90146 017 ****61.25

DOCUMENT # N98000000351

1. Entity Name

NON SHAREHOLDERS OWNERS ASSOCIATION OF LAKEWOOD

Principal Place of Business

Mailing Address

LOT #258
 1455 90TH AVE
 VERO BEACH FL 32966

LOT #258
 1455 90TH AVE
 VERO BEACH FL 32966

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0794937

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHLOW, MARTHAMAE C
LOT #258
1455 90TH AVE
VERO BEACH FL 32966

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **PD DOYLE, RICHARD**
 STREET ADDRESS **1455 90 AVE #257**
 CITY-ST-ZIP **VERO BEACH FL 32966**

TITLE Change Addition
 NAME **#257 #A36**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VPD DERYEKE, LOIS**
 STREET ADDRESS **1455 90TH AVENUE, #257**
 CITY-ST-ZIP **VERO BEACH FL 32966**

TITLE Change Addition
 NAME **DERYEKE DERYCKE**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **SD CASTELLANO, CARMEN**
 STREET ADDRESS **1455 90TH AVENUE, #180**
 CITY-ST-ZIP **VERO BEACH FL 32966**

TITLE Change Addition
 NAME **CARMEN CARMELA**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **TD CALLAWAY, NANCY**
 STREET ADDRESS **1455 90 AVE #278**
 CITY-ST-ZIP **VERO BEACH FL 32966**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D URGUHART, ROSEMARY**
 STREET ADDRESS **1455 90TH AVE #240**
 CITY-ST-ZIP **VERO BEACH FL 32966**

TITLE Change Addition
 NAME **URGUHART URQUHART**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **RICHARD DOYLE** Jan 20, 01 561-569-1156
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)